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CENTRAL FAX CENTER**

In re application: Dulak, et al.
U.S. Serial No.: 09/882,630
Filing Date: June 13, 2001
Title: URETERAL ACCESS SHEATH

) CUSTOMER NO.: 21378

) Art Unit: 3763

) Docket No.: ADIV-1790-AU

Dear Sirs:

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being facsimile
transmitted to the U.S. Patent and Trademark Office (Fax
No. (703) 872-9306 on January 14, 2005

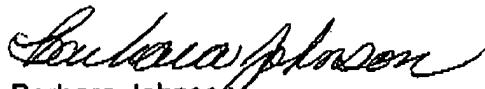
Barbara Johnson
(Type or print name)

Barbara Johnson
(Signature)

Attached please find the following documents submitted for filing in reference
to the above-referenced application.

1. Information Disclosure Statement;
2. Form PTO/SB/08a;
3. Fee Transmittal; and
4. Transmission Form.

Respectfully submitted,


Barbara Johnson
Applied Medical Resources

CUSTOMER NO.: 21378

Telephone (949) 713-8000
Facsimile (949) 713-8206

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CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 14 2005

In re application: Dulak, et al.) CUSTOMER NO.: 21378
U.S. Serial No.: 09/882,630)
Filing Date: June 13, 2001) Art Unit: 3763
Title: URETERAL ACCESS SHEATH) Docket No.: ADIV-1790-AU
)
)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Enclosed please find a copy of PTO Form SB/08a which lists information which may be relevant to the prosecution of the above-captioned application. It is requested that this information be considered by the Office.

This Statement is being submitted under the terms of 37 C.F.R. § 1.97(c). The information is being filed before the mailing date of either: (i) a final action under § 1.113; or (ii) a notice of allowance under § 1.311, whichever occurs first.

Under 37 C.F.R. § 1.97(h), it is understood that filing of the Information Disclosure Statement does not constitute an admission that the information submitted is material to patentability.

The Commissioner is hereby authorized to charge the \$180.00 Information Disclosure fee to Deposit Account 01-2215. Authorization is also given to charge any fee deficiency, or credit any over-payment to Deposit Account No.01-2215.

Respectfully submitted,



Kenneth K. Vu
Attorney for Applicant
Registration No. 46,323

Date: January 13, 2005

CUSTOMER NO.: 21378
Telephone: (949) 713-8000
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Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet

1

of

2

Complete if Known

Application Number	09/882,630
Filing Date	June 13, 2001
First Named Inventor	Gary R. Dulak
Art Unit	3763
Examiner Name	
Attorney Docket Number	ADIV-1790-AU

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No.*	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 4,942,669	07-1990	Schnedl	
		US- 3,154,074	10-1964	Harrison	
		US- 1,538,678	02-24-23	Blinn	
		US- 1,538,679	05-1925	Blinn	
		US- 2,747,574	05-1958	Delorenzo	
		US- 6,210,358	04-2001	Roger	
		US- 4,636,199	01-1987	Victor	
		US- 5,906,584	05-1999	Pavoni et al.	
		US- 5,154,005	10-1992	Lalevee, Sr.	
		US- Des. 318733	07-30-91	Wyzgala	
		US- Des. 335710	05-18-93	Ainger, III	
		US- 4,981,477	01-01-91	Schon et al.	
		US- 5,131,380	06-13-91	Heller et al.	
		US- 5,569,159	10-29-96	Anderson et al.	
		US- 5,620,408	04-15-97	Vennes et al.	
		US- 5,891,112	04-1999	Samson	
		US- 5,531,717	07-1996	Roberto et al.	
		US- 5,344,413	09-1994	Allman et al.	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.*	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶

Examiner Signature	Date Considered

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 603. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete If Known

Application Number	09/882,630
Filing Date	June 13, 2001
First Named Inventor	Gary R. Dulak
Examiner Name	
Art Unit	3763
Attorney Docket No.	ADIV-1790-AU

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 01-2215 Deposit Account Name Applied Medical Resources Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	= 0	

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	= 0	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x 0 =		

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other:

Fee Paid (\$)

0

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone 949-713-8605
Name (Print/Type)	KENNETH K. VU	Date	January 13, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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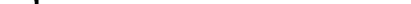
PTO/SB/01 (02-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/882,630
		Filing Date	June 13, 2001
		First Named Inventor	Gary R. Dulak
		Art Unit	3763
		Examiner Name	
		Total Number of Pages in This Submission	6

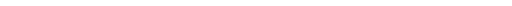
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/ SB/08a
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kenneth K. Vu
Signature	
Date	January 3 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Barbara Johnson		
Signature		Date	January 4 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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